U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
AMENDED FORM	LM-30		
1. File Number U -	2. Fiscal Year Covered From:		
7, 5. 4	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name BRADLEY M KARBOWSKY	Name ROAD SPRINKLER FITTERS LOCAL UNION 669		
	Labor Organization File Number 059-937		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 7050 OAKLAND MILLS ROAD, SUITE 200	Street 7050 OAKLAND MILLS ROAD, SUITE 200		
City COLUMBIA	City COLUMBIA		
State Maryland ZIF Code + 4 21046	State Maryland ZIP Code + 4 21046		
5. Position in labor organization.  BUSINESS MANAGER			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount,		
Street			
City			
State ZIP Code + 4			
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the		
Signed 134 Million	On 0-5-05 410-381-4300 Telephone Number		

Name of Person Filing BRADLEY KARBOWSKY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name PRUDENTIAL INSURANCE COMPANY OF AMERICA  Trade Name, if any: PRUDENTIAL FINANCIAL  P.O. Box, Bidg., Room No., if any  Street 3 GATEWAY CENTER, 14TH FLOOR  City NEWARK  State New Jersey ZIP Code + 4 07102	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 0 h. or 0 c. is checked give trust or employed grame	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NASI BENEFIT FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	INVESTMENT MANAGER	
Street 8000 CORPORATE DRIVE	11.b. Approximate dollar value of such dealing.	
City LANDOVER	12.a. Nature of interest held or income received.	
State Maryland ZIP Code + 4 20785	MARYLAND/DUKE BASKETBALL GAME - \$66	
	12.b. Amount.	\$66
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	$\neg$
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIF Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing BRADLEY KARBOWSKY	File Number U-

8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name SOUND COMMUNICATIONS		a. Labor Organization	
Trade Name, if any:		a. Labor Organization	
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 38 E 32ND STREET		c. Employer	
City NEW YORK		i	
State New York	ZIF Code + 4 10016	1	
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name		COMMUNICATIONS	
T. J. Name & St.			
Trade Name, if any:		J	
P.O. Box, Bldg., Room No., if any		3	
Street		]	,
City		<sub>7</sub>	
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
Lagrage 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	12.a. Nature of interest held or income received.	<u></u>
		STEAKS FOR CHRISTMAS 2004	
		12.b. Amount.	\$86

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name KELLY PRESS, INC.	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1701 CABIN BRANCH ROAD	c. Employer	
City CHEVERLY		
State Maryland ZIP Code + 4 20785		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PRINTING	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	GOLF AT CONGRESSIONAL	
	12.b. Amount.	\$208

Name of Person Filing BRADLEY KARBOWSKY	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name VOYAGER ASSET MANAGEMENT	a. Labor Organization	
Trade Name, if any:	a cassi organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 12208 GROVE PARK COURT	c. Employer	
City POTOMAC		
State Maryland ZIP Code + 4 20785		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS	INVESTMENT MANAGER	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		ĺ
Street 8000 CORPORATE DRIVE		
City LANDOVER		
State Maryland ZIP Code + 4 20785	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	GOLF - \$33*	
	REDSKINS/ GIANTS FOOTBALL - \$88*	İ
	* - Reimbursed in subsequent year	
	12.b. Amount.	\$121

Name of Person Filing BRADLEY KARBOWSKY	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name INVESCO		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 101 CALIFORNIA STREET, SUITE 1900	c. Employer	
City SAN FRANCISCO		
State California ZIP Code + 4 94111		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS	INVESTMENT MANAGER	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 8000 CORPORATE DRIVE		
City LANDOVER		
State Maryland ZIP Code + 4 20785	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	LABOR DAY GIFT-TOFFEE - \$34	
	CHRISTMAS GIFT - COOLER - \$48	
	12.b. Amount.	\$82

Name of Person Filing	עם זמוגסם	<b>LYDDOMGRA</b>	
HALLIC OLL CLOULL INLIG	BRADLEY	KARBOWSKY	

File Number U-

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name NASI BENEFIT FUNDS	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 8000 CORPORATE DRIVE	c. Employer	
City LANDOVER		
State Maryland ZIF Code + 4 20785		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS	TRUST FUNDS	
Trade Name, if any:		·
P.O. Box, Bldg., Room No., if any		
Street 8000 CORPORATE DRIVE		
City LANDOVER		
State Maryland ZIP Code + 4 20785	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
·	MEALS (NASI WELFARE FUND TRUSTEES : EDUCATIONAL CONFERENCE (NASI WELFA SEMINAF MATERIAL (NASI WELFARE FUN MEAL (SPRINKLER ENDUSTRY SUPPLEMEN	RE FUND) - \$976 D) - \$63
	12.b. Amount.	\$1,716
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Name of Person Filing BRADLEY KARBOWSKY	File Num	ber U-	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SEGAL COMPANY	a. Labor Org <b>an</b> ization	
Trade Name, if any:	a. Labor Organization	
	D. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 1920 N STREET, NW, SUITE 500	i d. Employer	
City WASHINGTON		
State District of Columbia ZIP Code + 4 20036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS	CONSULTING	
Trade Name, if any:		
Hade Name, it any.		
P.O. Box, Bldg., Room No., if any		
Street 8000 CORPORATE DRIVE		
City T.ANDOVER		
1 1100 / 110		
State Maryland ZIP Code + 4 20785	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	WIZARDS/LAKERS BASKETBALL TICKETS-	\$200
	MEAL- \$112 GOLF OUTING- \$111	
	12.b. Amount.	\$423

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Name of Person Filing BRADLEY KARE	BOWSKY		File Number <b>U</b> -	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PEAKE DELANCEY PRINTERS	a. Labor Organization	
Trade Name, if any:	a zabol Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	1
Street 2500 SCHUSTER DRIVE	c. Employer	
City CHEVERLY		:
State Maryland ZIP Code + 4 20781		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PRINTING	
	<u>,</u>	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	BASEBALL TICKETS - \$80 HONEY BAKED HAM - \$75	
	HONET BAKED HAM - 373	
	12.b. Amount.	\$155

Name of Person Filing BRADLEY KARBOWSKY	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LOOMIS SAYLES & COMPANY	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1384 OLD FREEPORT ROAD, SUITE 2A	c. Employer	
City PITTSBURGH		
State Pennsylvania ZIP Code + 4 1.5238		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS	INVESTMENT MANAGER	,
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 8000 CORPORATE DRIVE		
City I ANDOVED	1	
LANDOVER		
State Maryland ZIP Code + 4 20785	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
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	and the state of t	,
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	12.b. Amount.	\$48

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Name of Person Filing BRADLEY KARBOWSKY	File Number <b>U</b> -

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LANDON BUTLER & COMPANY	a. Labor Organization	
Trade Name, if any:	a case organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 700 THIRTEENTH STREET, NW	c. Employer	
City WASHINGTON, DC		
State District of Columbia ZIF Code + 4 20005		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS	INVESTMENT MANAGER	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 8000 CORPORATE DRIVE		
City LANDOVER		
State Maryland ZIP Code + 4 20785	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	LUNCH (NASI PENSION FUND) - \$53	
	CHRISTMAS PECANS - \$33	
	· ·	
	12.b. Amount.	\$86